ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	Shelo		
FEE DETERMINATION			3·30·01
O.I.P.E. CLASSIFIER	*AR*	32	4/24
FORMALITY REVIEW	*ET*	926	07·06·01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	....	Rejected
=	....	Allowed
–	(Through numeral)...	Canceled
÷	....	Restricted

N	....	Non-elected
I	....	Interference
A	....	Appeal
O	....	Objected

Claim		Date								
Final	Original	2/2/02	2/5/02	12/0/02	5/03					
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	9		✓	✓						
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If more than 150 claims or 10 actions
staple additional sheet here

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